

Bank Debit Application

Request must be mailed to: Louisiana Department of Revenue
Collection Division
Post Office Box 66658
Baton Rouge, La 70896-6658

Name _____ Social Security Number _____

Spouse Name _____ Social Security Number _____

Daytime Telephone Number _____

Name of your Financial Institution _____

Bank Routing Number _____

Bank Account Number _____

Bank Account Name _____ Checking ☐ Savings ☐

Start Date _____

Debit Date _____

Debit Amount _____

Note: Please attach a voided check.

Signature and Verification

Under penalties of perjury, I (we) declare that the information is to the best of my (our) knowledge and belief is true, correct, and complete. I agree to participate in this Automatic Bank Draft Program.

I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

Your signature _____ Date _____

Spouse's Signature _____ Date _____

